Treasury Form 3618 (1/00) State of Michigan Department of Labor & Economic Growth Liquor Control Commission

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FOR SPIRITS PURCHASES BY LIQUOR LICENSEE

Office Use Only						
Entered by:						
Dat	e:					

Authority: MCL 436.1221(1). Completion of this form is required to establish an Electric Fund Transfer account.

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ın	STLI	ICTI	ons

- ◆ Please print or type entries.
- ◆ Carefully read and complete the entire authorization form.
- ◆ Mail the completed form to: **Michigan Liquor Control Commission, 7150 Harris Drive, P.O. Box 30005, Lansing, MI 48909**◆ If you have any questions about completing this form please call (517) 322-1382 _____

◆ Is a change of address for the business (liquor licens	ee) included on this for	rm? Yes	No					
1. Type of application (select only one)								
	NEW - Select if establishing an Electronic Fund Transfer (EFT). Allow a minimum of 7 days for the EFT to begin. An EFT is in effect when you are notified by a delivery driver. Your invoice will indicate "Payment by EFT."							
CHANGE - Select if changing financial institution account until this change takes place. Any of to be suspended while the change is being processed to be suspended while the change is being processed.	hange to your financial		-					
CANCEL - Select if you want to cancel an or and mailing this form to the address above. in payment status.								
2. Name of Business (as shown on liquor license)		3. Lic.Type 4. Lice	ense No. 5. Business ID No.					
6. Street Address (of licensee)	7. City, State, ZIP Code	e (of licensee)	8. Telephone Number (of licensee)					
9. Name of Financial Institution		10. Name of Conta	act Person (at Financial Institution)					
11. Street Address (of Financial Institution)	12. City, State, ZIP Cod	e (of Financial Institution)	13. Telephone Number (of Financial Institution)					
14. Account Number	15. Routing Transit Nun	nber * 16. Account	Туре					
		CI	necking Savings					
* Contact your financial institution for the routing transit number, if r	not already known. If this is a	a checking account attac	h a voided check to this form.					
17. Authorization I authorize the State of Michigan, Michigan Liquor Control Codesignated financial institution and account identified above. invoice for liquor spirits delivered by MLCC's Authorized Distribution I authorize the MLCC to return money that was withdrawn froadjusting future invoices. I understand I will be notified by the It is my responsibility as a liquor licensee to complete a new I	The amount of the withdribution Agents (ADAs). Imm my account in error, eigen State of Michigan if adjunction form form form form form form form form	ther by electronically strength are made.	the amount shown on my adjusting my account or nancial institutions or account					
numbers, the account is closed, the license is terminated or sauthorization remains in effect until canceled by: (a) myself, (Michigan. Licensees may cancel this EFT at any time.								
I agree to comply with the National Automated Clearing House on the date of my signature on this form or as subsequently a transactions authorized by this agreement in all respects exce	adopted, amended, or rep	ealed. Michigan law g						
If multiple signers are required to authorize a withdrawal of fu	unds, all must sign this au	thorization form.						
Printed Name of Authorized Liquor Licensee Representative	Signature of Authorized	Liquor Licensee Represen	rative Date					
The Authorized Signature must be of a person authorized to sign any a	and all documents required by th	e Michigan Liquor Control C	ommission under Commission Rules.					